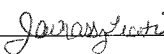


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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                | Docket No.<br><b>KBI-0015</b> |                                 |
| Applicant(s): <b>Natarajan Ranganathan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |
| Application No.<br><b>10/689,359</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Filing Date<br><b>October 20, 2003</b> | Examiner<br><b>Ruth A Davis</b> | Customer No.<br><b>26259</b>                                                                                                                                                                                                                                                                                                                                                                                   | Group Art Unit<br><b>1651</b> | Confirmation No.<br><b>4537</b> |
| Invention: <b>NUTRITIONAL COMPOSITIONS COMPRISING PROBIOTICS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |
| <u>COMMISSIONER FOR PATENTS:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |
| Transmitted herewith is an amendment in the above-identified application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |
| The fee has been calculated and is transmitted as shown below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |
| <b>CLAIMS AS AMENDED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CLAIMS REMAINING<br>AFTER AMENDMENT    | HIGHEST #<br>PREV. PAID FOR     | NUMBER EXTRA<br>CLAIMS PRESENT                                                                                                                                                                                                                                                                                                                                                                                 | RATE                          | ADDITIONAL<br>FEE               |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10    -                                | 20    =                         | 0                                                                                                                                                                                                                                                                                                                                                                                                              | x    \$25.00                  | \$0.00                          |
| INDEP. CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4    -                                 | 5    =                          | 0                                                                                                                                                                                                                                                                                                                                                                                                              | x    \$100.00                 | \$0.00                          |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |                               | \$0.00                          |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>\$0.00</b>                   |
| <input checked="" type="checkbox"/> No additional fee is required for amendment.<br><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____<br><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b><br><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.<br><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b> |                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |
| <br>_____<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                 | Dated: <b>July 5, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                 |
| <b>Jane Massey Licata</b><br><b>Reg. No. 32,257</b><br><b>Licata &amp; Tyrrell P.C.</b><br><b>66 E. Main Street</b><br><b>Marlton, NJ 08053</b><br><b>Tel: 856-810-1515</b><br><b>Fax: 856-810-1454</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                 | I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____<br>_____<br>(Date)<br>_____<br>Signature of Person Mailing Correspondence<br>_____<br>Typed or Printed Name of Person Mailing Correspondence |                               |                                 |
| CC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                 |